

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		8	8/7/01
FORMALITY REVIEW	MTB	954	5/12/01
RESPONSE FORMALITY REVIEW	TA	113	1-15-02

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	10/4/02
2	10/4/02
3	10/4/02
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8	10/4/02
9	10/4/02
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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5/17/02  
 1-15-02